

taking an important step to ensure that they get the help they need.

The Dr. Lorna Breen Health Care Provider Protection Act establishes grants for training healthcare workers and strategies to reduce and prevent suicide burnout, mental health conditions, and substance use disorders. It also establishes a national awareness campaign to encourage healthcare professionals to seek support and treatment for mental health issues.

As one of the two psychologists in Congress, I know how much mental healthcare matters and how much stigma can prevent someone from getting the help they need. By passing this bill today, we can say to healthcare workers: You are not alone.

Madam Speaker, I urge my colleagues to support this critical legislation.

Mr. UPTON. Madam Speaker, I have no further speakers, and I am ready to close. I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. KRISHNAMOORTHY).

Mr. KRISHNAMOORTHY. Madam Speaker, I rise today in strong support of the Dr. Lorna Breen Act.

My wife, Priya, is a physician. Like her colleagues, she has worked tirelessly during the pandemic. During the pandemic, people have referred to these healthcare workers as heroes, but as you know, our heroes are human. They struggle with the trauma of losing colleagues and patients, and they expose themselves to the daily risks of COVID. They suffer from burnout, depression, and suicide.

In fact, before the pandemic, one physician every day committed suicide. That rate has gone up significantly during the pandemic.

I am reminded of the situation of Dr. Scott Jolley in Utah. He would sometimes work until 3 a.m. as the only physician on duty at his hospital in Utah. By November 2020, he was diagnosed with PTSD, and by February 2021, he had committed suicide.

These tragic losses and stories from medical professionals are unending. Today, in honor of one of these heroes, Dr. Lorna Breen, the Dr. Lorna Breen Health Care Provider Protection Act was created and will expand access to mental and behavioral health resources to help our heroes, to help them cope with the stresses and anxieties that they face every single day.

Unfortunately, some of those stresses and anxieties will continue after this pandemic. That is why this act is so important. I look forward to passing this necessary piece of legislation today.

Mr. UPTON. Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Madam Speaker, for too long, healthcare providers struggling with mental illness have suffered in silence, intimidated by stigma and

afraid of being penalized for seeking treatment.

Even before the pandemic, 42 percent of the physicians reported experiencing burnout, and 40 percent reported a reluctance to seek treatment for a medical health condition. This is far too many people suffering in silence.

How can we expect our doctors to take care of us when they feel they can't take care of themselves?

The Dr. Lorna Breen Health Care Provider Protection Act, named for a doctor who lost her life to suicide after fighting on the front lines of the pandemic, will help reduce and prevent suicide, burnout, and mental health conditions of healthcare professionals. It does so by supporting training to prevent suicide and burnout; creating a national awareness campaign encouraging healthcare professionals to seek support for mental health concerns; and establishing a comprehensive study on healthcare professional mental health and burnout, including the impact of the pandemic.

Our healthcare professionals have been serving on the front lines, taking care of us amid an unprecedented global pandemic. It is time we take care of them.

Madam Speaker, I urge my colleagues to support this critical legislation.

Mr. UPTON. Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentlewoman from Michigan (Ms. STEVENS).

Ms. STEVENS. Madam Speaker, I rise today to voice support for my friend Representative SUSAN WILD's bipartisan Dr. Lorna Breen Health Care Provider Protection Act, a bill that establishes training programs for healthcare workers to prevent suicide and burnout.

As I am here in Congress today, I think of my constituents back home in Michigan who are in the midst of another COVID-19 spike, who are in our hospitals telling us they are full, who cannot provide care in the way they have been trained and taught and in the way they would like to. These spikes leave us exhausted. They leave our healthcare workers all the more stressed.

People are being pushed to the limit. Since the start of this pandemic, Michigan's healthcare workforce has become fragile. We have lost workers due to the stress of this pandemic, yet this bipartisan legislation that brings us together here today will provide support to the workforce.

Michigan healthcare workers deserve this. They are working and are continuing to work on the front lines of this pandemic. It is time to change how our healthcare industry approaches mental health. We must step up to provide a more reliable culture and supportive infrastructure for healthcare professionals to count on for years to come.

It took a pandemic for us to get this Dr. Lorna Breen bill, and we will not

forget our healthcare workers. We will continue to stand up for them.

Mr. UPTON. Madam Speaker, this is a great bill. We need to vote for it without delay, and I thank my chairman. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support for this bill, which is bipartisan, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1667, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WEBER of Texas. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

ORAL HEALTH LITERACY AND AWARENESS ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4555) to amend the Public Health Service Act to authorize a public education campaign across all relevant programs of the Health Resources and Services Administration to increase oral health literacy and awareness.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4555

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Oral Health Literacy and Awareness Act of 2021".

SEC. 2. ORAL HEALTH LITERACY AND AWARENESS CAMPAIGN.

The Public Health Service Act is amended by inserting after section 340G-1 of such Act (42 U.S.C. 256g-1) the following:

"SEC. 340G-2. ORAL HEALTH LITERACY AND AWARENESS.

"(a) CAMPAIGN.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a public education campaign (referred to in this subsection as the 'campaign') across all relevant programs of the Health Resources and Services Administration (including the health center program, oral health workforce programs, maternal and child health programs, the Ryan White HIV/AIDS Program, and rural health programs) to increase oral health literacy and awareness.

"(b) STRATEGIES.—In carrying out the campaign, the Secretary shall identify oral health literacy and awareness strategies that are evidence-based and focused on oral health care education, including education on prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer.

"(c) FOCUS.—The Secretary shall design the campaign to communicate directly with

specific populations, including children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minority populations, including Indians, Alaska Natives, and Native Hawaiians, in a culturally and linguistically appropriate manner.

“(d) OUTCOMES.—In carrying out the campaign, the Secretary shall include a process for measuring outcomes and effectiveness.

“(e) REPORT TO CONGRESS.—Not later than 3 years after the date of enactment of this section, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the outcomes and effectiveness of the campaign.

“(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$750,000 for each of fiscal years 2022 through 2026.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Michigan (Mr. UPTON) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4555.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, oral health is an important component of general health and well-being, but it is a big problem for many Americans. Tooth decay is the most common chronic disease in both children and adults in the United States. More than one in four adults have untreated cavities, and nearly half of American adults show signs of gum disease.

Regular preventative dental care can catch these oral health problems early when they are easiest to treat. Unfortunately, less than half of Americans use the oral healthcare system. One of the best ways to promote oral healthcare is to increase oral health literacy.

H.R. 4555, the Oral Health Literacy and Awareness Act, will accomplish this by expanding oral health literacy programs. H.R. 4555 will authorize a public education campaign to increase oral health literacy and awareness across all relevant programs of the Health Resources and Services Administration.

This bill will also help us learn about the effectiveness of targeted oral health literacy campaigns, and it will inform future efforts to improve oral health literacy for all Americans.

I want to thank Representatives CÁRDENAS and BILIRAKIS, members of the Energy and Commerce Committee, for their bipartisan work on this legislation. I urge my colleagues to support this important bill, and I reserve the balance of my time.

Mr. UPTON. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today to speak on H.R. 4555, the Oral Health Literacy and Awareness Act of 2021, sponsored by my Energy and Commerce Committee colleagues, Representatives BILIRAKIS and CÁRDENAS.

We all know that oral health plays such an important role in an individual's overall health and well-being. A lack of proper oral hygiene has been proven to increase the risk of chronic health conditions.

However, good oral hygiene and dental checkups, in addition to increased education, can help patients avoid most oral health ailments. It is so important for kids to develop healthy habits at a young age.

This bill directs the Health Resources and Services Administration to develop a public education campaign to increase oral health literacy and awareness. By increasing such, the bill will promote good oral health habits and will help to prevent the development of avoidable, complex medical conditions in the future.

Madam Speaker, I urge my colleagues to support the bill. I remind them this bill, as I recall, passed unanimously in the committee and should not be a problem. I thank my chairman and ranking member for getting this bill to the House floor quickly.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentleman from California (Mr. CÁRDENAS), a member of the Energy and Commerce Committee who is the lead sponsor of the bill.

Mr. CÁRDENAS. Madam Speaker, I thank the chairman for this opportunity for us to pass these amazing bills.

Madam Speaker, I want to take note: The seven bills that we are discussing on the floor over the last hour and a half, which we will soon vote with the entire body of this House, all of those bills passed out of the Energy and Commerce Committee unanimously. That means every Republican and Democrat voted “yes.” There were no “no” votes.

I feel it is important for us to mention that because when you look at the press, they think that all we are doing here is arguing, fussing, and fighting with each other, but we do work together.

To all of my Republican colleagues on the committee and Democratic colleagues on the committee, thank you so much for doing our job.

Madam Speaker, I rise today to urge my colleagues to support this bipartisan bill with Congressman BILIRAKIS, the Oral Health Literacy and Awareness Act of 2021.

Oral health is whole body health. It is often neglected by parents who, unfortunately, lack resources and knowledge.

Oral health accounts for some of the deepest health disparities in all low-in-

come families across America. For many, the cost of dental neglect can be detrimental, especially for children. Arthritis, autoimmune disease, cardiovascular disease, inflammatory skin disorders, gut issues, and more can all be caused or worsened by untreated tooth decay and oral disease.

According to the CDC, children who have poor oral health often miss more school and receive lower grades than children who don't. Even more alarming, Latino kids, like those in my district, experience two times more tooth decay and cavities than their White peers.

□ 1700

We can and must do better for our children and our country. Most of these issues can be prevented with access to the right information and resources. Our legislation will help low-income families and communities of color learn about the benefits of regular dental care and empower them to make better decisions on their overall oral health.

Madam Speaker, this is a picture of a child's mouth. Too many children across America are going through this pain, through this detrimental situation, because their parents don't understand that they can do better for their children with better practices and information. That is what this bill is about.

Once parents have access to information on the importance of healthy habits, they can prevent this kind of result. These tips help families and children maintain long-term oral hygiene at home. Through simple education and awareness campaigns, we will ensure families are better equipped to take control of their family's health.

We can't cut corners here, Madam Speaker. Let's start ensuring oral health is part of the conversation in every home every day as often as possible. It is the only way we will make sure that children across America do not suffer like this child has suffered.

I also want to say, once again, thank you to Chairman PALLONE, House subcommittee Chairwoman ANNA ESHOO, and all of my colleagues, Republican and Democrat, on the committee for passing this bill.

Mr. UPTON. Madam Speaker, I would again urge my colleagues to support this bill passed unanimously in the greatest committee on the face of the Earth.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge bipartisan support for this bill.

As Mr. CÁRDENAS said, there is nothing, really, more important than oral health. We know there are so many times when poor dental care has led to much more severe problems of all sorts, so this is really an important bill.

Madam Speaker, I urge its support, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4555.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WEBER of Texas. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

EXTENSION OF COVERAGE OF CORONAVIRUS RELIEF FUND PAYMENTS TO TRIBAL GOVERNMENTS

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5119) to amend title VI of the Social Security Act to extend the coverage of Coronavirus Relief Fund payments to Tribal Governments, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5119

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXTENSION OF COVERAGE OF CORONAVIRUS RELIEF FUND PAYMENTS TO TRIBAL GOVERNMENTS.

Section 601(d)(3) of the Social Security Act (42 U.S.C. 801(d)(3)) is amended by inserting “(or, in the case of costs incurred by a Tribal government, during the period that begins on March 1, 2020, and ends on December 31, 2022)” after “December 31, 2021”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New York (Mrs. CAROLYN B. MALONEY) and the gentleman from Kansas (Mr. LATURNER) each will control 20 minutes.

The Chair recognizes the gentlewoman from New York.

GENERAL LEAVE

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on this measure.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman?

There was no objection.

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of H.R. 5119, a bill to extend the availability of Coronavirus Relief Fund payments allocated to Tribal Governments under the CARES Act of 2020 for 1 additional year.

This bipartisan bill was introduced by Mr. O'HALLERAN of Arizona and Mr. YOUNG of Alaska with companion legislation sponsored by Mr. SULLIVAN and Ms. MURKOWSKI in the Senate.

The historic CARES Act was signed into law on March 27, 2020, and included critical aid for States, territories, Tribes, and large localities to combat the coronavirus pandemic. However, the Treasury Department did not have a preexisting allocation process for disbursing the \$8 billion set aside for Tribes.

According to a GAO review, it took extra time to set up these processes. Treasury also established some allocation methodologies without consulting with Tribes first, which led to legal challenges and even further delays of emergency relief.

Taken together, these delays have resulted in a compressed timeframe for Tribal Governments to put their CARES Act funds to work, which is unacceptable in light of the disproportionate impact the pandemic has had on the Tribal community.

According to a report by the Centers for Disease Control and Prevention, COVID-19 infections were 3.5 times higher for American Indians and Alaska Natives compared to White Americans during the first 7 months of the pandemic. Other reports revealed that 1 in 475 Native Americans in the U.S. died from COVID-19 compared to 1 in 825 White Americans.

The ravages of the pandemic have been compounded for our Tribal neighbors due to longstanding health disparities and social inequities. The deaths of Tribal elders from COVID-19 caused an incalculable and irreplaceable loss of cultural knowledge and language.

Tribes must be given a fair opportunity to put Federal aid dollars to work tackling these serious issues. H.R. 5119 is a commonsense step to ensure that Tribes have parity with recipients who have not faced similar delays in gaining access to CARES Act funding.

Finally, I want to assure my colleagues that CBO has confirmed that this bill does not increase Federal spending.

Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. LATURNER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, last year, Congress set aside \$8 billion in the CARES Act for Tribal Governments to spend on pandemic-related expenses. However, much of this \$8 billion was held up in litigation and distributed to Tribes only 4 short months ago, more than a year after the funds were originally appropriated.

This money is supposed to be used by December 31, 2021, about 3 weeks from today. But it is irresponsible to expect Tribal Governments to spend all this money within a few months of receiving it.

This bill would extend the deadline an additional year, giving Tribes more time to responsibly allocate these funds and best serve their people.

I thank my colleagues, Representative YOUNG of Alaska and Representative COLE of Oklahoma, for their efforts in working on this matter.

Madam Speaker, I yield such time as he may consume to the gentleman from Alaska (Mr. YOUNG), who is the dean of the House.

Mr. YOUNG. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, I rise in strong support of this legislation. It is badly needed.

First, I want to thank Chairwoman CAROLYN MALONEY and Ranking Member JAMES COMER for their quick work. I have been trying for a long time to try to get this bill passed. I have asked everybody to put it in the CR and into the National Defense Authorization Act, but we didn't get it there. But the gentleman has brought it to the floor, so I thank both Representatives for doing that. Of course, I thank Speaker PELOSI, Chairwoman DELAUNO, and Leader MCCARTHY.

This is badly needed, as was mentioned by the previous speakers. We are now 23 days away, and a tremendous amount of money is on the table.

It wasn't their fault. A lot of litigation was occurring so the money couldn't be spent. Consequently, if they don't spend it, they lose it, and they can't take care of the health problems caused by COVID. So this is a good piece of bipartisan legislation.

But we are not done because we do have to continue this as it goes to the Senate. I am urging my leaders to ask the Senate to really get this bill done. It is needed, it is right, and it is justified. Let's take care of those first Americans in this legislation because of COVID. It can be done.

Again, I thank both Members for the work they have done and the body of the House for voting “yes” on the legislation.

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I thank the dean of the House, the outstanding leader from the great State of Alaska, for his insightful comments and for fighting so hard for the residents of Alaska, the Alaska Native residents, and the American Indians. This bill will take care of the Tribes in many of our States across the country.

I also want to thank my colleague, Mr. O'HALLERAN, who could not be with us. He has a conflict with another committee meeting.

I want to thank the Democratic leadership here in the House, Speaker PELOSI and the Democratic team, for bringing this to the floor and also Mr. COMER, Mr. LATURNER, and others for being part of this bipartisan effort. This is truly a bipartisan effort.

Madam Speaker, I have no further speakers, and if the gentleman from Kansas is ready, then I am prepared to close.

Mr. LATURNER. Madam Speaker, I yield 3 minutes to the gentleman from South Dakota (Mr. JOHNSON).

Mr. JOHNSON of South Dakota. Madam Speaker, I thank Mr. LATURNER for yielding.